

## **SECTION 22 - OCCUPATIONAL HEALTH PROCEDURES and REQUIRED EMPLOYEE IMMUNIZATIONS**

### **I. GENERAL.**

Health Care Workers (HCWs) may be exposed to a number of contagious diseases in or out of the workplace. Some of these contagious agents may be passed along to susceptible co-workers and patients. All DHCN personnel must be evaluated to determine and document their susceptibility to certain diseases and conditions that they may be exposed to in the workplace. Department and Service Chiefs will ensure employee compliance with this policy. Contracts for health care providers will reflect these requirements.

**II. SPECIFIC.** This section outlines required employee immunizations designed to protect both the patients and the staff.

A. All new personnel must in process through Occupational Health prior to engaging in direct patient contact.

B. Volunteers who work in direct contact with patient's blood or other body fluids should also have these immunizations and surveillance. Immunization and testing will be provided to volunteers as indicated.

C. Educational coordinators/directors will ensure that students rotating through DHCN comply with these requirements.

D. An annual physical examination (Medical Surveillance) is required for personnel working in high-risk areas (i.e., Lab, ICU, ER, Ward 4A, OR, GI Clinic, etc).

### **III. EMPLOYEE IMMUNIZATIONS.**

A. All Active Duty and GS civilian DHCN personnel will report to the Occupational Health Service when in-processing to the DHCN.

B. A review of occupational code and work assignment will be made.

C. Pre-placement physical examinations for civilian employees will be conducted in accordance with current directives.

D. Appropriate titers with regard to job exposure will be ordered for civilian personnel working in risk areas that cannot state a clear history or provide documentation of their medical history. Vaccinations will be recommended for those who are not immune with regards to their unit of employment.

1. Hepatitis B Vaccine Series and/or serologic testing.

a. This is a condition of employment for all employees who are providing direct patient care. Personnel who are excluded from the series for medical reasons will sign a declination statement.

2. Mumps, Measles, and Rubella (MMR) vaccine, or evidence of immunity.

3. Varicella titer is required for all new personnel that CANNOT state a clear history of the disease. A positive titer is defined as **>1.10**. Immunization with *Varivax™* is available in Allergy/Immunization Clinic for all health care personnel known to be susceptible. IAW the manufacturer's recommendations, a person with an equivocal titer (**0.91-1.09**) does not require vaccination.

a. Individuals who are found proven nonimmune per their varicella titer (negative is **<0.90**), will not be assigned to maternity units (i.e., Labor and Delivery, Mother/Baby, or the OB/GYN Clinic) to avoid potential exposure to susceptible prenatal patients or their neonates.

4. Tetanus, Diphtheria Vaccine (booster dose effective for 10 yrs).

5. TB skin testing (TST), or Chest X-ray if known skin converter, at the time of employment and periodically IAW MMWR. Detailed information to include interpretation of results, recommendations, etc., may also be found in the DHCN TB Exposure Control Plan.

a. Active duty receives a mandatory TB screening/TST annually. This may be assessed at the time of the Solider Readiness Plan (SRP).

b. A tuberculin skin test will be given as a baseline especially to those whose duties require them to be exposed to potential tuberculosis patients. Results of skin tests are treated as follows.

c. TB Reactive civilian personnel will be referred to the State Public Health Unit for follow-up and treatment if the exposure is not job related.

d. TB non-reactive civilians will be given a skin test yearly.

6. Influenza Vaccine.

a. Annual influenza immunization is **strongly recommended** for all civilian employees, especially those working with high-risk patients (i.e., ICU, ER).

b. Annual influenza immunization is mandatory for all active duty.

7. Typhoid vaccination is required every three years for all active duty (*only*). This may also be given during the annual SRP.

8. HIV tests will be recommended as baseline for health care providers. This is performed on a voluntary basis after signing an informed consent, MEDDAC (PM) Form 852 (OP), Dec 97.

a. HIV testing is required every two years for all active duty IAW AR 40-5. HIV consent is not required for active duty undergoing this test.

9. Other military-related immunizations as required, for military personnel to maintain deployability status.

10. The Nutritional Care Division staff members whose job involves food handling will report to Allergy/Immunization for the Hepatitis A vaccine series.

11. **Students** who work within the DHCN system.

a. Hepatitis B Vaccine Series and/or serologic testing (personnel refusing HBV immunization must sign a declination statement).

b. Mumps, Measles, and Rubella (MMR) vaccine, or evidence of immunity.

c. Influenza Vaccine.

d. Tetanus, Diphtheria Vaccine (booster dose effective for 10 yrs).

e. TB skin testing (PPD), or Chest X-ray if known skin converter, at the time of employment. There are no recommendations for periodical CXR for those with a positive PPD. If the annual TB screening reveals a change in respiratory status or other finding, the CXR can be repeated at the Occupational Health provider's discretion.

f. Varicella titer for all students that CANNOT state a clear history of the disease, followed by vaccination at 0 and 4-8 weeks, if indicated by titer results.

#### **IV. SPECIFIC REFERENCES.**

A. APIC Infection Control and Applied Epidemiology Principles and Practices. Mosby, St. Louis, 2000

B. Centers for Disease Control and Prevention: General recommendations on immunization; recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR No. RR-1:1-38, 1994.

C. Bolyard EA, Tablan OC, Williams WW, Pearson ML, Shapiro CN, Deithman SD. HICPAC. Guideline for infection control in health care personnel, 1998. *American Journal of Infection Control* 1998;26(3):289-354.

E. AR 40-5, June 1999

F. MEDDAC Reg 40-114, HIV Management Program, 1 August 2001.